

**Testimony of  
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**Before the  
Subcommittee on Oversight and Investigations  
U.S. House of Representatives**

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Mr. Chairman and members of the Subcommittee, good afternoon. Thank you for this important opportunity to comment on the Veterans Health Administration's (VHA) efforts to ensure a seamless transition process for our injured service men and women, and our ongoing efforts to continuously improve this process.

VHA's work to create a seamless transition for men and women as they leave the service and take up the honored title of "veteran" begins early on. Our Benefits Delivery at Discharge Program enables active duty members to register for VA health care and to file for benefits prior to their separation from active service. Our outreach network ensures returning service members receive full information about VA benefits and services. And each of our medical centers and benefits offices now has a point of contact assigned to work with veterans returning from service in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF).

VHA has coordinated the transfer of over 6,800 severely injured or ill active duty service members and veterans from DoD to VA. Our highest priority is to ensure that those returning from the Global War on Terror transition seamlessly from DoD Military Treatment Facilities (MTFs) to VA Medical Centers (VAMCs) and continue to receive the best possible care available anywhere. Toward that end, we continually strive to improve the delivery of this care.

In partnership with DoD, VA has implemented a number of strategies to provide timely, appropriate, and seamless transition services to the most seriously injured OEF/OIF active duty service members and veterans.

VA social workers, benefits counselors, and outreach coordinators advise and explain the full array of VA services and benefits. These liaisons and coordinators assist active duty service members as they transfer from MTFs to VA medical facilities. In addition, our social workers help newly wounded soldiers, sailors, airmen and Marines and their families plan a future course of treatment for their injuries after they return home. Currently, VA Social Work and Benefit liaisons are located at 10 MTFs, including Walter Reed Army Medical

Center, the National Naval Medical Center Bethesda, the Naval Medical Center San Diego, and Womack Army Medical Center at Ft. Bragg.

Since September 2006, a VA Certified Rehabilitation Registered Nurse (CRRN) has been assigned to Walter Reed to assess and provide regular updates to our Polytrauma Rehabilitation Centers (PRC) regarding the medical condition of incoming patients. The CRRN advises and assists families and prepares active duty service members for transition to VA and the rehabilitation phase of their recovery.

VA's Social Work Liaisons and the CRRN fully coordinate care and information prior to a patient's transfer to our Department. Social Worker Liaisons meet with patients and their families to advise and "talk them through" the transition process. They register service members or enroll recently discharged veterans in the VA health care system, and coordinate their transfer to the most appropriate VA facility for the medical services needed, or to the facility closest to their home.

In the case of transfers of seriously injured patients, both the CRRN and the Social Work Liaison are an integral part of the MTF treatment team. They simultaneously provide input into the VA health care treatment plan and collaborate with both the patient and his or her family throughout the entire health care transition process. Video teleconference calls are routinely conducted between DoD MTF treatment teams and receiving VA PRC teams. If feasible, the patient and family attend these video teleconferences to participate in discussions and to 'meet' the VA PRC team.

I should note that one important aspect of coordination between DoD and VA prior to a patient's transfer to VA is access to clinical information. This includes a pre-transfer review of electronic medical information via remote access capabilities. The VA polytrauma centers have been granted direct access into inpatient clinical information systems from Walter Reed Army Medical Center (WRAMC) and National Naval Medical Center (NNMC). VA and DoD are currently working together to ensure that appropriate users are adequately trained and connectivity is working and exists for all four polytrauma centers. For those inpatient data that are not available in DoD's information systems, VA social workers embedded in the military treatment facilities routinely ensure that the paper records are manually transferred to the receiving polytrauma centers.

Another data exchange system, the Bidirectional Health Information Exchange (BHIE) allows VA and DoD clinicians to share text-based outpatient clinical data between VA and the ten MTFs, including Walter Reed and Bethesda.

VA case management for these patients begins at the time of transition from the MTF and continues as their medical and psychological needs dictate. Once the patient transfers to the receiving VAMC, or reports to his or her home VAMC for care, the VA Social Worker Liaison at the MTF continues to coordinate with VA to address after-transfer issues of care. Seriously injured patients receive ongoing case management at the VA facility where they receive most of their care. Since April of 2006, points of contact or case managers have been identified in every VA medical center. In response to the Secretary's request this week, VA is in the process of hiring the 100 OIF/OEF veterans to serve as case advocates to support their severely injured fellow veterans and their families.

VA has four Polytrauma Rehabilitation Centers, located at Tampa, FL; Richmond, VA; Minneapolis, MN; and Palo Alto, CA. The Army has assigned fulltime active duty Liaison Officers to each one in order to support military personnel and their families from all Service branches. The Liaison officers address a broad array of issues, such as travel, housing, military pay, and movement of household goods.

In addition, Marine Corps representatives from nearby local Commands visit and provide support to each of the Polytrauma Rehabilitation Centers. At VA Central Office in Washington, DC, an active duty Marine Officer and an Army Wounded Warrior representatives are assigned to the Office of Seamless Transition to serve as liaisons. Both the Army and the Marine Liaisons play a vital role in ensuring the provision of a wide bridge of services during the critical time of patient recovery and rehabilitation.

VHA understands the critical importance of supporting families during the transition from DoD to VA. We established a Polytrauma Call Center in February 2006, to assist the families of our most seriously injured combat veterans and service members. The Call Center operates 24 hours-a-day, 7 days-a-week to answer clinical, administrative, and benefit inquiries from polytrauma patients and family members. The Center's value is threefold. It furnishes patients and their families with a one-stop source of information; it enhances overall coordination of care; and, very importantly, it immediately elevates any system problems to VA for resolution.

VA's Office of Seamless Transition includes two Outreach Coordinators—a peer-support volunteer and a veteran of the Vietnam War—who regularly visit seriously injured service members at Walter Reed and Bethesda. Their visits enable them to establish a personal and trusted connection with patients and their families.

These Outreach Coordinators help identify gaps in VA services by submitting and tracking follow-up recommendations. They encourage patients to consider participating in VA's National Rehabilitation Special Events or to attend weekly dinners held in Washington, DC, for injured OEF/OIF returnees. In short, they are

key to enhancing and advancing the successful transition of our service personnel from DoD to VA, and, in turn, to their homes and communities.

In addition, VA has developed a vigorous outreach, education, and awareness program for the National Guard and Reserve. To ensure coordinated transition services and benefits, VA signed a Memorandum of Agreement (MOA) with the National Guard in 2005. Combined with VA/National Guard State Coalitions in 54 states and territories, VA has significantly improved its opportunities to access returning troops and their families. We are continuing to partner with community organizations and other local resources to enhance the delivery of VA services. At the national level, MOAs are under development with both the United States Army Reserve and the United States Marine Corps. These new partnerships will increase awareness of, and access to, VA services and benefits during the demobilization process and as service personnel return to their local communities.

VA is also reaching out to returning veterans whose wounds may be less apparent. VA is a participant in the DoD's Post Deployment Health Reassessment (PDHRA) program. DoD conducts a health reassessment 90-180 days after return from deployment to identify health issues that can surface weeks or months after service members return home.

VA actively participates in the administration of PDHRA at Reserve and Guard locations in a number of ways. We provide information about VA care and benefits; enroll interested Reservists and Guardsmen in the VA health care system; and arrange appointments for referred service members. As of December 2006, an estimated 68,800 service members were screened, resulting in over 17,100 referrals to VA. Of those referrals, 32.8% were for mental health and readjustment issues; the remaining 67.2% for physical health issues.

Congress created the Readjustment Counseling Service (RCS), commonly known to veterans as the Vet Center Program, as VHA's outreach element. Program eligibility was originally targeted to Vietnam veterans; today it serves all returning combat veterans. The Vet Center Program receives high ratings in veterans' satisfaction, employee satisfaction, and other measurable indicators of quality and effective care.

The approximate number of OEF/OIF combat veterans served by Vet Centers to date is 165,000 (119,600 through outreach; 45,400 seen at centers). In February of 2004, the Secretary of Veterans Affairs approved the hiring of 50 OEF/OIF combat veterans to support the Program by reaching out actively to National Guard, and Reserve service members returning from combat. An additional 50 were hired in March of 2005. This action advanced the continuing success of our Vet Centers in their ability to assist our newest veterans and their families. VA Vet Centers have provided bereavement services to 900 families of fallen warriors.

VA plans to expand its Vet Center Program. We will open 15 new Vet Centers and eight new Vet Center outstations at locations throughout the Nation by the end of 2008. At that time, Vet Centers will total 232. We expect to add staff to 61 existing facilities to augment the services they provide. Seven of the 23 new centers will open this Calendar Year 2007.

In addition, as you know this week the President created an Interagency Task Force on Returning Global War on Terror Heroes (Heroes Task Force), chaired by the Secretary of Veterans Affairs, to respond to the immediate needs of returning Global War on Terror service members. The Heroes Task Force, which had its first meeting on Tuesday, will work to identify and resolve any gaps in service for service members. As Secretary Nicholson said, no task is more important to the VA than ensuring our heroes receive the best possible care and services.

Finally, The VA is partnering with the State VA Directors in the "State Benefits Seamless Transition Program" in which severely injured service members can release their contact information to their home State VA Office to be educated about their State Benefits.

VA staff assigned to major MTFs are coordinating with Heroes to Hometown as a resource to provide to service members returning to civilian life.

Mr. Chairman, this concludes my presentation. At this time, I would be pleased to answer any questions you may have.